2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005579

Entity Name: FLORIDA STATE USBC, INC.

Current Principal Place of Business:

37108 MERIDIAN AVENUE DADE CITY, FL 33525

Current Mailing Address:

P. O. BOX 1166

DADE CITY. FL 33526-1166 US

FEI Number: 20-4919987 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUTON, KATHERYN M 37108 MERIDIAN AVENUE DADE CITY, FL 33525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Title

Electronic Signature of Registered Agent

Date

FILED Mar 03, 2023

Secretary of State

1585451583CC

Officer/Director Detail :

DIRECTOR

Title Title DM

MADDUX, TONI AUTON, KATHERYN M Name Name

Address P. O. BOX 1385 36 LESLIE LN Address

City-State-Zip: DADE CITY FL 33526 PT ORANGE FL 32170 City-State-Zip:

Title DIRECTOR Title D

Name BUZZARD, MARGO SMITH, GREG DR Name

Address 10930 S.W. 47TH TERRACE Address 1884 WASHINGTON AVE.

MIAMI FL 33165 City-State-Zip: City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR Title SGT

Name COMBS, BRUCE KEYES, DALIA Name

Address 4431 - 56TH AVE. DR. E. 1906 MEADOWRIDGE DR. Address City-State-Zip: **BRADENTON FL 34203** VALRICO FL 33596 City-State-Zip:

Title

Name MCFARLAND, FREDERICK W SR. AUTON, KATHERYN M Name

Address 11491 - 6TH AVE. Address P. O. BOX 1385

City-State-Zip: PUNTA GORDA FL 33955 City-State-Zip: DADE CITY FL 33526-1385

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/03/2023 SIGNATURE: KATHERYN M. AUTON ASSN. MGR./DIR.

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title D

Name WHITTEN, DEBBIE
Address 3810 SE 4 ST
City-State-Zip: OCALA FL 34471

Title VP

Name BUTLER, LARRY Address P.O. BOX 25943

City-State-Zip: SARASOTA FL 34277

Title [

Name SHAFFER, KAREN
Address 2009 CRAMPTON AVE
City-State-Zip: SARASOTA FL 34235

Title D

Name NYITRAY, MICHAEL
Address 6687 N.W. 110 WAY
City-State-Zip: PARKLAND FL 33076

Title D

Name BECKET, GLENDA Address 16661 SW 84 CT

City-State-Zip: PALMETTO BAT FL 33157

Title D

Name TIMOTHY, ANDERSEN
Address 2465 ACADEMY AVE.
City-State-Zip: DELTONA FL 32768

Title DIRECTOR

Name CHISANO, ASHLEY Address 440 S. PARK ROAD

#103

City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR

Name HENDERSON, AL

Address 4934 PHILROSE DR.

City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR

Name STRICKLER, JAMES

Address 7501- 142ND AVE., NORTH

City-State-Zip: LARGO FL 33771

Title D

Name SOLOMON, ALLEN Address 1901B - 4TH STREET

City-State-Zip: NEPTUNE NEACH FL 32266

Title D

Name JOHN, TINNEY
Address 3 SAWANNEE CIR

City-State-Zip: PANAMA CITY FL 32405

Title D

Name ROBERT, TAYLOR

Address 1604 BRAMAN AVENUE

City-State-Zip: FORT MYERS FL 33901

Title D

Name SICA, VINCENT

Address 000

City-State-Zip: FT LAUDERDALE FL 33312

Title D

Name WATERS, RYAN

Address 4300 HANGING MOSS DR. City-State-Zip: ORANGE PARK FL 32073

Title D

Name BUTLER, CECILIA
Address P.O. BOX 25943

City-State-Zip: SARASOTA FL 34277

Title DIRECTOR

Name FLEISCHACKER, MICHAEL
Address 1115 ROSEWOOD DRIVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR

Name GREENE, MICHAEL

Address 605 PINEHURST CIRCLE N.E.

City-State-Zip: PALM BAY FL 32905